

Candidate Registration Format

FOR OFFICE USE
REG. NO.:
DATED:

NAME OF CANDIDATE: KIARAN KUMARI

FATHER'S NAME: JETUNAHAR LOHRA

MOTHER'S NAME: BUKAR DEVI

DATE OF BIRTH: 16/01/2000

GENDER (MALE / FEMALE): female

CATEGORY: 16/01/2000

MOBILE NO.: 9738 676113

AADHAR NO.: 222 21 112 4840

PERMANENT ADDRESS: SENHA LOHARDAGA

PRESENT ADDRESS: SENHA LOHARDAGA

RURAL / URBAN:

MARRIED / UNMARRIED:

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY / INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	10 th	JAL	2019	300	60%

EXPERIENCE (IF ANY):

NAME OF EMPLOYER	POST / DESIGNATION	FROM	TO	OBTAINED SALARY

I, B., I declare that to the best of my knowledge information furnished by me is true.

DATE: 12/11/2024

[Signature]
SIGNATURE OF CANDIDATE